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**MAY 24 2006**

ATTORNEY NO.: 1687  
CLIENT/MATTER NO.: 30566-0049  
DATE: May 24, 2006

**FACSIMILE TRANSMITTAL SHEET**

**TO THE FOLLOWING:**

Name	Company	Fax Number	Phone Number
EXAMINER TEENA KAY MITCHELL	United States Patent Office Group 3743	(571)273-8300.	

FROM: Steven H. Noll DIRECT DIAL NO.: (312) 258-5790

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**COMMENTS:**

**Mario Loncar, "TUBE FOR USE IN AN ANESTHETIC SYSTEM " Filed November 14, 2003, USSN 10/714,209, Our Case P03,0429 (30566-0049)**

**RESPONSE UNDER 37 C.F.R.§1.116**

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## SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

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CHICAGO, ILLINOIS 60606

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MAY 24 2006

IN RE APPLICATION OF: Mario Loncar

GROUP ART UNIT: 3743

SERIAL NO.: 10/714,209

EXAMINER: Teena Kay Mitchell

FILED: November 14, 2003

CONFIRMATION NO.: 2550

TITLE: "TUBE FOR USE IN AN ANESTHETIC SYSTEM"

## RESPONSE UNDER 37 C.F.R. § 1.116

## MAIL STOP AF

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 18	( ) X 9.00 ( ) X 18.00	
INDEP. CLAIMS	*	MINUS	3	X	( ) X 40.00 ( ) X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$140.00 ( ) \$280.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 3.

- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26573)

BY Steven H. Noll (28.982)I hereby certify this correspondence is being transmitted by facsimile on May 24, 2006 by transmittal to telefax no. (571) 273-8300

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

May 24, 2006

DATE

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SCHIFF HARDIN LLP (Customer Number: 26574)

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Steven H. Noll  
NAME OF APPLICANT'S ATTORNEY

SIGNATURE

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DATE

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TITLE: "TUBE FOR USE IN AN ANESTHETIC SYSTEM"

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

Applicant and his counsel have carefully reviewed the Final Rejection dated March 21, 2006, but believe the claims in their present form are patentable over the teachings of the references cited therein. Reconsideration of the application in view of the following arguments in support of patentability is therefore respectfully requested.

**REMARKS**

In the Office Action dated March 21, 2006, claims 1-4 were rejected under 35 U.S.C. §103(a) as being unpatentable over Werner et al. Claim 5 was rejected under 35 U.S.C. §103(a) as being unpatentable over Werner et al. in view of Werjefelt.

Claims 6 and 7 were stated to be allowable.

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